

ENERGY ASSISTANCE PROGRAM Transmittal Summary Attachment

<u>Agency</u>	<u>County</u>	<u>Contact Person</u>	<u>Agency Run Date</u>	<u>Program Name</u>
REAL SERVICES EAP		Ingrid Simmons, 284-7125, 236-4891 (Fax)	7/2/2019	Energy Assistance Program
1151 S. Michigan Street P.O. Box 1835 South Bend, IN 46601				

<u>Transmittal Number</u>	<u>Vendor</u>	<u>Location</u>	<u>Contact Person</u>
150000662188	AEP-REAL	1 AEP Way	Jessica Berry
<u>Batch Number</u>	Hurricane, WV 25526		
2678			

Acct. Stat.	Account Number	BillingName	Address	Amount to be Paid	Tax Exempt Amount	Applicant Name	HOH	Application Date
A	159159159159		159 Jailhouse Road	\$300.00	\$0.00	Presley, Elvis	<input type="checkbox"/>	07/02/2019
2		Presley, Elvis	South Bend, IN46601	REGULAR			<input type="checkbox"/>	Main Office

Acct. Stat. Codes: A - Active, D - 24 Disconnect, O - Off/Out of Fuel, FB - Fuel Bill

Total	\$300.00	\$0.00
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# HH on transmittal	1
<u>Regular</u>	<u>Crisis</u>
1	0
<u>Cool</u>	<u>S.Regular</u>
0	0
<u>S.Crisis</u>	
0	

<u>Regular</u>	<u>Crisis</u>	<u>Cool</u>	<u>State Regular</u>	<u>State Crisis</u>	# of Claims	Count
300.00	0.00	0.00	\$0.00	\$0.00	1	

A signed transmittal signifies EAP approval of aforementioned applicant(s) and financial obligations of the respective vendor.

Authorized Agency
Representative Signature _____ Date _____

A signed transmittal signifies acknowledgement of EAP enrollment(s) and vendor EAP participation and adherence to statutes thereof.

Vendor Signature _____ Date _____